

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000112813

Entity Name: THE A/C THERAPIST LLC

Current Principal Place of Business:

16809 STANZA CT
TAMPA, FL 33624

Current Mailing Address:

16809 STANZA CT
TAMPA, FL 33624 US

FEI Number: 82-1638016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORALES, RICHARD
16809 STANZA CT
TAMPA, FL 33624 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MORALES, RICHARD
Address 16809 STANZA CT
City-State-Zip: TAMPA FL 33624

Title MGR
Name MORALES, ARIDEL
Address 9016 DUKE DR
City-State-Zip: TAMPA FL 33615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD MORALES

MANAGER

03/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date